

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/ 566,864

FILING DATE

APPLICANT(S)

CLAIMS

AS FILED	AFTER		AFTER			
	1 ST AMENDMENT		2 ND AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5		1				
6	1					
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TOTAL IND.	2					
TOTAL DEP.	8					
TOTAL CLAIMS	10					

AS FILED	AFTER		AFTER			
	1 ST AMENDMENT		2 ND AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL DEP.						
TOTAL CLAIMS						